

ASHFORD UNITED METHODIST CHURCH
AUTHORIZATION OF FUNDS

Request Date: _____

Please issue a check in the amount of \$ _____ in favor of:

Date Check Needed: _____

NAME _____

ADDRESS _____

Deliver to: Mail? _____

Requestor? _____

PHONE _____

EXPENDITURE DESCRIPTION

ACCT. NUMBER	CHARGE TO: (BUDGET CATEGORY)	AMOUNT

Please have check request approved by the appropriate committee chairperson prior to purchase.

Office Use

Check No. _____

Date Paid _____

Invoice (Y/N) _____

Requested by _____

Approved by _____
Committee Chairperson

Approved by _____
Pastor/Finance Chairperson